



041204

13281 U.S. PTO

Patent
Docket No. 2057/143

TO THE DIRECTOR OF PATENT AND TRADEMARK SERVICES
Box Applications
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is the patent application of under 37 CFR 1.53(b):
INVENTOR(S): Randall A. GREENE

TITLE: HELICOPTER TACTILE EXCEEDANCE WARNING SYSTEM

___ This application is being filed without the declaration of the
inventor(s). Inventor information is as follows:

___ This is a continuing application of prior Application No. ___/_____
___ Continuation
___ Divisional
___ Continuation-in-part

Enclosed are:

X Specification
X 5 Sheets of drawings
X Oath or Declaration signed by the inventor(s)
 X Newly Executed
 ___ Copy of Oath or Declaration from a Prior Application
 ___ PLEASE DELETE the following inventor(s) named in the prior
 nonprovisional application:

___ Certified copy of

___ Convention priority is claimed
___ English Translation Document
X An executed Assignment in favor of SAFE FLIGHT INSTRUMENT CORPORATION
X Small entity status is claimed
___ Preliminary Amendment
X Information Disclosure Statement

17531 U.S. PTO
10/821974

041204

The Filing Fee has been calculated as shown:

____ PLEASE ENTER PRELIMINARY AMENDMENT PRIOR TO CALCULATING FILING FEE

BASIC FEE				(Small Entity) \$385	(Large Entity) \$770
Total Claims	10	- 20 = 0	x \$ 9 =		x \$ 18 =
Indep. Claims	7	- 3 = 4	x \$ 43 =	\$172	x \$ 86 =
Multiple Dependent Claims Presented			+ \$145 =		+ \$290 =
TOTAL				\$557	

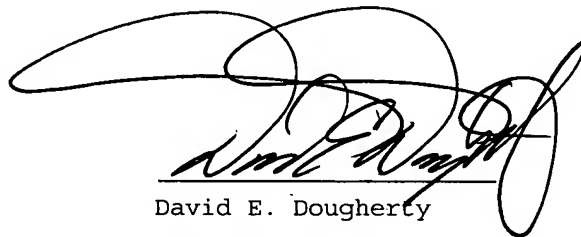
X Assignment Recordation Fee of \$40.00

____ Please charge Deposit Account _____ in the amount of \$_____
(A duplicate copy of this sheet is enclosed)

X A payment of \$597.00 is made by credit card for the filing fee. A Credit Card Payment Form (PTO-2038) is attached hereto. The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR 1.16 or any patent application processing fees under 37 CFR 1.17, or credit any over payment to the credit card account shown on the attached Credit Card Payment Form. Refund of all amounts overpaid, including those of twenty-five dollars or less, is specifically requested. Any fees not accepted by the credit card shown on the Form PTO-2038 may be charged to Deposit Account 04-0753.

X The Commissioner is hereby authorized to charge payment of any additional claims fees required under 37 CFR \$1.16 or processing fees under 37 CFR \$1.17, or credit any overpayment, to Deposit Account 04-0753. A duplicate copy of this sheet is enclosed.

Date: April 12, 2004


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